

voluntary position, and debility. This chapter forms one of the most interesting in the volume, and is fully illustrated by clinical cases. With some remarks upon the structural pathology and degeneration of muscles, and the reunion of tendons, Mr. Brodhurst then passes to the most important topic, practically, connected with the deformity in question—viz., the treatment. To use his own words, “The treatment of talipes resolves itself into, *first*, the removal of distortion and restoration to the normal position of the limb; and, *secondly*, the restoration of function.” The operation of tenotomy, we are informed at page 113, is only useful in the strictest sense to *facilitate* mechanical treatment; an opinion in which we most heartily concur. In the adult, especially, tenotomy alone does little or nothing towards the immediate reduction of the distortion. At the same time Mr. Brodhurst says, and in this point we do not altogether agree with him, that there are few cases in which extension alone is to be preferred to tenotomy. Upon this topic, we would refer our readers to the admirable remarks of Dr. Little, which have recently appeared in the last numbers of the *London Lancet*.

The period at which, in cases of congenital talipes, the author prefers operating, is from four to six weeks after birth, provided the infant be robust. The after treatment consists in the application of proper extending apparatus, and it is safest, according to the author, not to commence the extension of the heel until the process of reunion shall have begun. If much elongation of the achilles tendon be desired, it must be obtained during the second and third week after the section.

We cannot bring our hasty notice of Mr. Brodhurst’s monograph to a close, without expressing our satisfaction with the volume. We have been forcibly struck during its perusal with the pains-taking care of the author to establish in each case a correct diagnosis of the deformity in question, and we entirely agree with him in the following depreciation of unnecessary and hasty operative interference: “Much obloquy has been cast on orthopædy in consequence of the abuse of tenotomy. The senseless division of tendons on every possible occasion, and without reference to the cause of distortion, has occasioned infinite injury to the cause of orthopædy; congenital and non-congenital affections being similarly treated by those who, through ignorance of the pathological condition of parts directly or indirectly involved, are unable to form an accurate diagnosis, to distinguish between the various forms of non-congenital distortions, and to decide between cases fitted and unfitted for the section of tendons.”

J. H. B.

ART. XXIII.—*Pathological and Surgical Observations: Including a short Course of Lectures delivered at the Lock Hospital, and an Essay on the Surgical Treatment of Hemorrhoidal Tumours.* By HENRY LEE, F. R. C. S. Surgeon to the Lock Hospital, Assistant Surgeon to King’s College Hospital, etc. London: Churchill, 1854. 8vo. pp. 232.

THE volume before us comprises a series of surgical papers from the pen of Mr. H. Lee, of London, Surgeon to the Lock Hospital and Assistant Surgeon to King’s College Hospital. Some of these papers have especial value from the fact that they are founded upon direct obscrivation, and also because the results arrived at differ in many respects from opinions hitherto generally received. A subject which seems to have engaged the attention of Mr. Lee more particularly, and one which he has most patiently examined, is a study of the “Causes, Consequences, and Treatment of Inflammation of the Veins.” This article is a continuation of a dissertation to which the Jacksonian prize was awarded in 1850.

The main conclusions arrived at in this last publication are, as stated by the author: “1st. That inflammation, both of the veins and capillary vessels, usually depends upon irritation, communicated to them through their contents. 2dly. That pus is capable of producing such irritation, when detained in contact with

the lining membrane of the veins; but that it may be conveyed along their channels, without leaving any trace of its passage. 3dly. That pus, under ordinary circumstances, cannot circulate in living vessels, in consequence of its power of determining the coagulation of the first portions of the blood with which it is brought in contact. 4thly. That when pus is carried along a vein it is in consequence either of the disturbance of the coagulum which has first detained it, or of the blood having, in some measure, lost its natural power of coagulation."

Mr. Lee does not, in his present paper, recapitulate the evidence upon which the foregoing propositions are based, but proceeds to a review of the labours of other physiologists upon the same subject, and to a still further illustration of his own conclusions. He advances a series of experiments, performed by himself and others, and also a collection of clinical cases, which have led him to the belief that the injection of putrid substances into the blood does not, as is generally supposed, prevent coagulation from taking place, but that, on the contrary, such coagulation is induced and assisted. Of all foreign substances, none possess this power in so marked and rapid a degree as pus. It is to this fact the author attributes the formation of the large patches of congestion found in internal organs when pus has accidentally entered into the circulation; and to the more feeble influence of putrid fluids, or of mercury, the development of patches of less size.

From the physiological analysis of these affections, Mr. Lee deduces two principal indications: 1st. That in phlebitis there generally is a twofold disease—viz., a local inflammation and a constitutional infection—hence the treatment to be pursued should be local depletion, whilst at the same time tonic constitutional remedies should be made use of. 2dly. Direct experimentation has taught him, that when a putrid element has been introduced into the blood, the mucous membranes of the intestines and liver are the principal channels by means of which the elimination of the morbid matter is attempted.

In an article at page 95 upon the deposition of fibrin from the lining membrane of the veins, Mr. Lee seems disposed to reject the views generally held by English pathologists, and which have lately been adopted by Hasse, relative to the character of the serous tunic of the veins. He here questions the correctness of the analogy which has been drawn between this membrane and the ordinary serous membranes of the body, in a pathological point of view. The deposits of lymph found in veins whose walls have become indurated, in true cases of phlebitis, result, in the opinion of the author, from the previous coagulation of the blood, and he believes that the visible appearances of inflammation extend to the walls of the vein and not from them; in other words, that they are secondary to the formation of the clot, and that they do not precede it. A repetition of the experiments of M. Gendrin, by the application of a double ligature upon the jugular vein, and by observation of the internal processes taking place, have led him to conclusions differing from those of the last-named observer, and which go to substantiate his opinions as already expressed. Thus he says (p. 99): "The principal conclusion to be drawn from the preceding experiment and observations is, that the analogy which has been supposed to exist between the lining membrane of bloodvessels and the closed serous cavities of the body, cannot be maintained with regard to their morbid processes; and, consequently, that the mode of treating inflamed veins which has been based upon the supposed resemblance, is not founded upon sound physiological principles. Another point of secondary importance, but by no means devoid of interest, is the power which the blood is shown to possess of separating directly from itself a fibro-albuminous element, without the intervention of any membrane, and independent of any inflamed surface." * * * "That the changes in the blood which immediately precede such an action may be caused by the admixture of vitiated secretions—that the deposit, when formed, is capable of undergoing various changes, which issue in the formation of a purulent-looking fluid, and is capable during these changes of communicating irritation to surrounding parts."

The system of experimentation practised by Mr. Lee is interesting in the extreme; whether or not, however, its results will be borne out by future in-

vestigation, it is impossible for us to say. In the mean time, we cordially recommend the perusal of these papers to all of those who may be interested in the study of the diseases of the venous system.

J. H. B.

ART. XXIV.—*The Practice of Surgery.* By JAMES MILLER, F. R. S. E., F. R. C. S. E., Professor of Surgery in the University of Edinburgh, etc. etc. Revised by the American Editor. Fourth American from the last Edinburgh edition. Illustrated by 364 engravings on wood. Philadelphia: Blanchard & Lea, 1857. 8vo. pp. 682.

WE have been so often called upon to express our approbation of Professor Miller's admirable surgical writings, that we feel that comment at the present moment is unnecessary. Indeed, the increasing demand which has necessitated a fresh edition of his *Practiee of Surgery*, affords in itself ample testimony to the high position which his works occupy in the estimation of the surgeons of this country.

The volume before us is the fourth American reprint from the third and last Edinburgh edition. The supervision of the work, as it has passed through the press in this city, has been confided to the care of one of our most able surgical writers, who has, with characteristic good judgment, presented the volume to the medical public almost entirely devoid of cisatlantic annotations. In reality, Professor Miller's *Practiee of Surgery* makes its appearance before us this time more nearly in the condition in which it left the author's table than it has ever done before. We are glad that such is the case.

Most of the notes which have been added by the present editor, refer almost entirely to American surgery, and could not with propriety have been omitted from a volume intended as a guide to American students and practitioners. The admirable operations of Drs. Sims, of N. Y., and Bozeman, of Ala., for the relief of vesico-vaginal fistula, are fully described at page 565. The success of these operators in the treatment of this dreadful malady has been such as to lead us no longer to look upon the result of all surgical interference as so "discouraging" as Professor Miller is inclined to consider it.

The puncture of the bladder through the symphysis pubis, as suggested by Dr. Brandes, of Jersey, and practised in this country by Dr. Leaseur, of Pa.,¹ is also alluded to; a proceeding which, it appears to us, may be resorted to with advantage in many instances of retention of urine, especially in those cases where the bladder retains its normal position. We also observe, at page 630, a somewhat elaborate extract from the various papers of Dr. Reid, of Rochester, N. Y., relative to the reduction of luxations of the femur by manipulation alone without extension, a plan of treatment which is now generally and deservedly coming into vogue, and which has been attended with much success.

Many additional illustrations have been introduced into this edition, and although some of them strike us as familiar, having done duty already on more than one occasion, yet certainly they enhance the value of Professor Miller's useful treatise; and we doubt not that the present edition will prove as deservedly successful as its predecessors.

J. H. B.

¹ See this Journal for April, 1854, p. 403.